

Course / Campus Transfer application form

Only an editable pdf submitted via email will be accepted.



Effective date of transfer	YEAR	TRIMESTER / SEMESTER
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Section 1: Personal details To be completed by student

STUDENT ID NUMBER	UNIQUE STUDENT IDENTIFIER (visit usi.gov.au to create one)
GIVEN NAMES	FAMILY NAME

Section 2: Details of the proposed course To be completed by student

COURSE CODE	COURSE TITLE	CAMPUS
MAJOR SEQUENCE		
NEW FEE ARRANGEMENT		
COMMONWEALTH SUPPORTED PLACE (CSP) *	AUSTRALIAN FEE PAYING *	INTERNATIONAL FEE PAYING
* Students may be eligible for HECS-HELP or FEE-HELP if they meet eligibility requirements (see studyassist.gov.au)		

Section 3: Personal statement To be completed by student

In the event that several applicants are deemed to be equally worthy of selection on academic grounds, the Faculty may decide between applicants on the basis of demonstrated motivation for undertaking the course. If there is anything you would like to make the Faculty aware of in support of your application, please state your reasons for transferring below.

Section 4: International students only To be completed by student

<input type="checkbox"/>	If you are not applying for or updating your student visa via the Department of Immigration and Border Protection (DIBP) Melbourne Office, please advise which DIBP office is required on your CoE.
<input type="checkbox"/>	If you are a sponsored student requiring a new Financial Guarantee for this, please tick this box.

Section 5: Declaration To be completed by student

- I have read the relevant course information provided including course structure and requirements.
- I acknowledge I have a responsibility to seek course advice prior to varying my enrolment or re-enrolment.
- I agree to pay all fees and charges arising from this enrolment.
- I acknowledge that while I am enrolled, I am subject to the legislation, policies and procedures of Deakin University.
- I declare that the information supplied by me is complete and correct.
- I consent to the University corresponding with me by electronic means.
- I understand by completing and submitting this form, that if my application is successful I will be automatically enrolled into the course I have requested a transfer to.

INTERNATIONAL STUDENTS

- I understand that by signing this form, I accept the conditions of the new course as outlined in the handbook.
- An offer with details of your new course and a new CoE will be sent to your Deakin student email account after you have submitted the required documentation to finalise your course transfer.
- Information on the Refund policy can be found at: <https://www.deakin.edu.au/students/enrolment-fees-and-money/fees/refunds-and-remission-for-international-students>

SIGNATURE	DATE
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Section 6: Next step for student

Email this form to your Faculty

Faculty of Arts and Education - artsed@deakin.edu.au

Faculty of Business and Law - buslaw@deakin.edu.au

Faculty of Health - health-enquire@deakin.edu.au

Faculty of Science, Engineering and Built Environment - sebe-enquire@deakin.edu.au

Section 7: Approved course transfer details

To be completed by Student Adviser

CHANGE OF: COURSE CODE (complete all sections) MODE ONLY (Complete section 7 only)

CAMPUS ONLY (Complete section 7 only)

VERSION (Complete section 7 only)

CURRENT COURSE

COURSE CODE

COURSE TITLE

CAMPUS MODE

CORRESPONDENCE CATEGORY

APPROVED NEW COURSE

COURSE CODE

COURSE TITLE

CAMPUS MODE

CORRESPONDENCE CATEGORY

EXAM LOCATION (Cloud students only)

EXPECTED COMPLETION DATE (if studying full time) NUMBER OF UNITS TO COMPLETE (at time of application)

TRI/SEM 20

FEE ARRANGEMENT

DOMESTIC CSP DOMESTIC FEE PAYING INTERNATIONAL FEE PAYING

APPROVAL OF TRANSFER

I have checked all sections of this form and authorise for DSA to process.

STUDENT ADVISER NAME (NEW COURSE)

SIGNATURE

PHONE

DATE

FOR COMBINED COURSES ONLY

STUDENT ADVISER NAME (NEW COURSE)

SIGNATURE

PHONE

DATE

Section 8: Transfer of completed units

Complete in consultation with Student Adviser

COMPLETED UNITS: Indicate if all completed units are to be transferred from the current course: YES NO
If **no**, list the completed units from the **current** course which are to be transferred to the **new** course.

UNIT CODE	CAMPUS	UNIT NAME	TRI/SEM/YEAR	CLASS	CREDIT POINTS

NUMBER OF CREDIT POINTS COMPLETED

WEIGHTED AVERAGE MARK (WAM)

Section 9: Transfer of currently enrolled units**Complete in consultation with Student Adviser**

ENROLLED UNITS: Indicate if all enrolled units under current course are to be transferred: If **no**, list the enrolled units from the **current** course which are to be transferred to the **new** course.

YES NO

UNIT CODE	CAMPUS	UNIT NAME	TRI/SEM/YEAR	CLASS	CREDIT POINTS

Section 10: Recognition of prior learning**To be completed by Student Adviser**

Indicate if all Recognition of Prior Learning under current course is to be transferred: If no, list the Recognition of Prior Learning that is to be transferred to the new course. Any new Recognition of Prior Learning must be submitted using the [Application for Recognition of Prior Learning form](#).

YES NO

SPECIFIED RECOGNITION OF PRIOR LEARNING**UNSPECIFIED RECOGNITION OF PRIOR LEARNING**

UNIT CODE	UNIT NAME

UNIT LEVEL	CREDIT POINTS

Section 11: New enrolment details**Complete in consultation with Student Adviser**

List only new units to be added to your current enrolment other than those being transferred from your previous course.

UNIT CODE	CAMPUS	UNIT NAME	TRI/SEM/YEAR	CLASS	CREDIT POINTS